PLEASE

VS A15

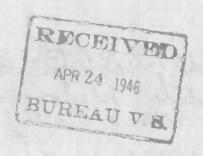
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: RRET	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MARYLAND County GARRET
How long in above place of death? 2 442	City or town
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(d) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
(SEORGE-S-	BITTHER NONE
4. Sex 5. Color Flace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m white widowed	20. DATE OF DEATH. April 22 1946 21 3:059 M
8.(b) Name of westand or wife. ANNIE-PRUL	21. I CERTIFY that death occurred on the date above stated; that atjended deceased from
	and that Light saw have all ye on 2 el 16 19.46
7. Birth date of deceased (mo., day, yr.) MARCH-5 - 1863	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
83 / 17hrsmin.	thrombosis
9. Birthplace FAYETTE COUNTY, and state)	Due to Hespertension, Cardio
10. Usual occupation FARMER (RETIRED)	vallendesese
11. Industry or business FARM	Due to
	Dither conditions.
12. Name SAMUEL - BITTINGER  13. Birthplace SOMERSET-CO-PA	
	(Include pregnancy within 3 months of death)
14. Malden name LUCINOA - LEE  15. Birihplace SOMERSET-CO-PA.	Major findings of operations
18. Informant E & Billingh 1 A	Antonsy results
Address FROSTBURG-Md RD#2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or amount GREENVILLE-SOMERSET-CO-F	Where did injury occur?
Location GREENVILLE-TWIFF PA	Injured et home, farm, Industry, public place (where?)
18. Funeral director. & January M. Okomas	Means of Injury Injured at work?
Address Salisbury Fa	( Cassma)
April 22, 46. The fales Mich	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Daie signed 7/22-7-10



2411 N. Charles St., Baltimore

03819

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2		

CERTIFICATE OF DEATH

					0.0010		
1. PLACE OF DEAT	Н:			2. USUAL RESIDENCE (HOME)	OF DECEASED:		
County Garett				(For newborn infants give residence	(For newborn infants give residence of mother)  Md County Garett		
City or towRD. I			RURAL and give nearest town)	State P. D. T. Growt	County	0.08	
How long in above place of	death? 52	Years	and give nearest town,	City or town R.D.I.Grant	nits, write RURAL and give near	est town)	
Hospital, Institution, or st	reet address wher	e death occurre	ed;	Street No		******	
-00000000000000000000000000000000000000		***************************************			ive LOCATION)		
How long in hospital or in	stitution?			2.(a) It veteran, name war			
3. (a) FULL NAME					3. (b) Social Security N	lumber	
F14	za Elle	n But	ler	•	None		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL	CERTIFICATION		
F	W	W:	idowed	20. DATE DF DEATH April 5	1946	at 5 a	
6.(b) Name of husband or	wife Gide	on Mc	Cleland Butler	21. I CERTIFY that death occurred on the date	above stated; that I attended decease	sed trom	
***************************************	0.000	6.	(c) If alive, give ageyea	end that I last saw hell alive on Q			
7. Birth date of deceased (mo., day, yr.)	July	T9 -	I868		, , ;	DURATION	
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	merical	3 day	
77	8	I9	hrsmli	n.			
Neon	a Jenni	2000	MA	Pue de	190	***************************************	
9. Birthplace. Near				Due to	100000000000000000000000000000000000000	80	
1D. Usual occupation	House W	ork		Due to.			
11. Industry or business				A		000000010000000000000000000000000000000	
	nas J.F	olk			selerases	0.00.0000000000000000000000000000000000	
13. Birthplace St	orings	Somer	set Co Pa			22 2	
			<b>S</b>	(Include pregnancy within			
E				Major findings of operatious			
	Meyerse						
16. Intermant MT	s Charl	es W	alls	Antopsy results	which death should be charged a	statistically.	
Address Gr	antsvil	le M	d				
17 Burial		Date the	ereof	6 22. VIOLENCE: If death was due to external Accident, suicide, or homicide			
Burial (Burial, cremation, o							
Cemetery or crematory	Oak C	rove		Where did injury occur? (City or tow			
Location R.D	.I.Grar	tsvil	le Md	Injured at home, farm, industry, public place			
18. Funeral director Al	1 Am 1	Mint	ulu19	Means of Injury	Injured et work?	110	
	tsville			7/ 1/0	A acris	11.11	
Address Gran	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/	61.10	23, SIGNATURE	M. D. o	t bl	
19. 000	6 19 40	0 51	my produce	In Suntain	10 11/11/1	1/10-	
(Date rec'd by regis	strar)		Registra	Address / Mullimus	Date signed	To friend house	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consessisting is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING

The correct age



PLEASE

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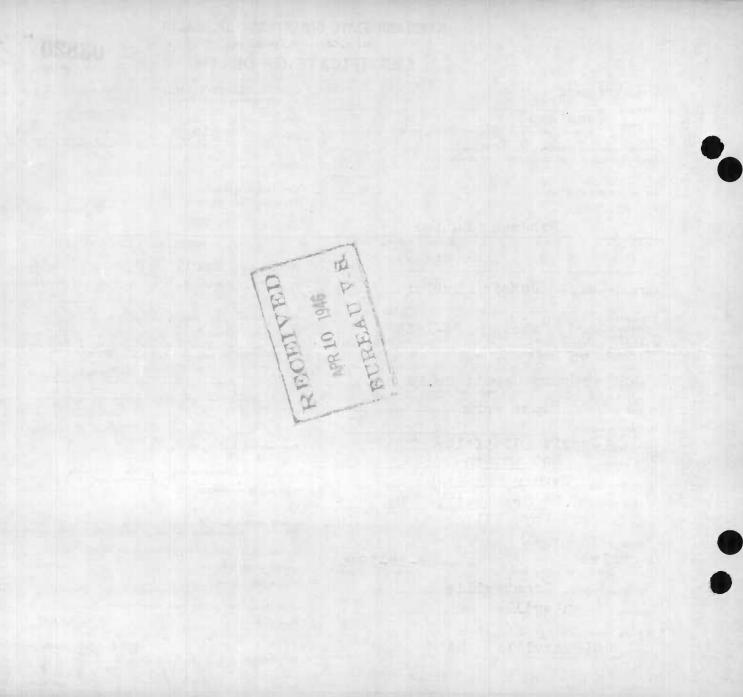
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-20

### CERTIFICATE OF DEATH

13820 162 Reg. Dist. No. 162

How long in above pi Hospital, institution.	Garett  Onnings  If outside city or town lace of death?	imits, write RURAL and give nearest town)  Oars death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infauts give residence of mother)  State Md County Garett  City or town Jennings (If outside city or town limits, write RURAL and give nearest town)  Street No (If rural, give LOCATION)		
How long in hospita	il or institution?		2.(a) If veleran, name war		
3. (a) FULL NA	Rebeco	a Butler	3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced  Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH April 8 19.46 21.4.30		
7. Birth date of deceased (mo., da		1e Butler years  6.(c) If allve, give age years  er 24-1866  Daye   If less than one day   T4   hrs.   min.	21. I CERTEY that of ath occurred on the date above stated; that I attended descreed from  19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19		
10. Usual occupation	ness essie Gl	rett Co.Md county, and state)  Work  otfelty owen	Due to		
14. Maiden na 15. Birthplace	R.DZ Gra Mrs Loy	Warnick ntsville Md Miller	(Include pregnancy within 8 months of death)  Major findings of operations		
Buria (Burial, cremat	tion, or removal. Which natoryGrant	Date thereof 4—10—1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
18. Funeral directo	rantsvill	interberg	Injured at home, farm, industry, public place (where?)  Means of injury  injured at work?  23. SIGNATURE  M. D. or other S. Address   M. D. or		



2411 N. Charles St., Battimore 940

### CERTIFICATE OF DEATH

03821 16

CERTITION	Reg. Diat. No.		
1. PLACE OF DEATH: County Garrett City or town Oakland, Maryland. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life time Hospital, Institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3.(a) FULL NAME  Pichard Thomas Coddington.	3. (b) Social Security Number		
Richard Thomas Coddington.  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Male   White   Single.	MEDICAL CERTIFICATION  20. DATE DF DEATH  20. DATE		
6.(b) Name of husband or wife.  8.(c) It alive, give age years and deceased (mo., day, yr.) December 28th, 1880.	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from  19		
8. AGE: Years Months Days If less than one day 65 3 6	ala.		
9. Birthplace. Oakland, Maryland.  (Town, county, and state)  10. Usual occupation. Painter  11. Industry or business  12. Name. Thomas Coddington.  13. Birthplace Friendsville, Maryland.	Due to		
13. Birthplace Friendsville, Maryland.  14. Malden name Cecilia Jamison.  15. Dirthplace Maryland.  16. Informant Horrace Coddington.	(Include pregnancy within 3 months of death)  Major findings of operations		
Address Oakland, Maryland.  17. Burial Date thereot April 6th/46 (Burial, cremation, or removal, Which?)  Cemetery or crematory. St. Peter's Cemetery.  Location Oakland, Maryland.  18. Funeral director.  Address Oakland, Maryland.  19. Chyste rec'd by registrar)  Regist  Regist	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		

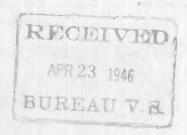
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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS A15

PLEASE.



PLEASE WRITE PLAINLY, WITH UNF is especially important.

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The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (890)

### CERTIFICATE OF DEATH

03822 Reg. Diat. No. 164

			the same and the s		
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
County	Garren		***************************************	State Maryland Coun	
City or tawa			RURAL and give nearest town)		
How long in above place	of death?	ine	Yrs.	City or town Accident (If outside city or town limits,	write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurre	d:	street No. None	
***************************************				(lfrural, give l	LOCATION)
How long in hospital or	Institution?			2.(a) If veteran, name war	
3. (a) FULL NAME					3. (b) Social Security Number
J	ohn Albe	rt Fe	e, married, widowed, or divorced		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		RTIFICATION
Male	White		Widower	20. DATE OF DEATH april 15	19.46 at 3 Pm
6 (h) Name of husband	or wife Isa	belle	Matilda Krebs	21. I CERTIFY that death occurred on the date abov	e stated; that I ettended deceased from
				aferral 7 194	Sa , to apprel 15 194 6
7. Birth date of			c) If alive, give ageyears	and that I last saw hammalive on	vil 13 19.46
deceased (mo., day, y		7,1868		Immediate cause of death	DURATION
8. AGE: Years		-	If less than one day	Cerebral hem	nambug 2 wee
77	5	8	hrs min.		<i>(</i>
9. Birthplace	German	y	state)	Due to artenoscle	rosis : 10 yrs
10 Henry occumation	Woods	man		1-0-1	5 410
				Due to	······································
11. Industry or business		20142		-	
				Dther conditions	
	Not Kno	wn		(Include pregnancy within 3 m	ontha of death)
14. Malden name	Adaline	Gann	***************************************		
14. Maiden name	Not Kno	พา		ll control of the con	Date of op.
			ringer		
16, Informant				PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
Address .	Acciden	it, Md	•	22. VIOLENCE: If death was due to external caus	
17. Buria	L	Date ther	eof Apr. 18, 1946 (month) (day) (year)	Accident, suicide, or homicide	
			emetery		
Location S:	impson !	. Va.			ere?)
18. Funeral director	Mm	Mas	stesling		Injured et work?
Address		-	le, Md.	- meton	Jepper M. D. or other  Le Date signed alfaril 16
. Bhail 11	19 4 6	Par	mad Shoerlein	23. SIGNATURE	M. D. or other
(Date rec'd by res	gistrar)	( N.X.	Registrar	Address Triendand	Date signed Warel 16

APR 20 1946

### MARYLAND STATE DEPARTMENT OF HEALTH

					-
CERT	FIC	ATE	OF	DE	ATE

	03823	,
421	/	/

	TE OF DEATH	61
CERTIFICA	Reg. Diat. No	************
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Garrett		-
City or town to Cite of the City or town limits, write RURAL and give nearest town)		2
How long in above place of death?	City or lown (If outside city or town limits, write RURAL and give nearer	it town)
Hospital, institution, or street address where death occurred:	Street No.	
***************************************	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, namo war	
Jens & Enfant Friend	3. (b) Social Security Nu	mber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
emale white Single	20. DATE DE DEATH. A P. T. 1 46 91	94
6.(b) Name of husband or wife	21. I CERTIFY that doath occurred on the dato above stated; that I attended decease	d from
	75	19
7. Birth date of Paril 4 1946	and that I last saw halivo on	19
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATED
2 hrs. 20 ml		***************************************
9. Birthplace Friends VIII'E Garrett Mary	appue to his baby delirered by mid	
10. Usual eccupation.	1 341 0 - 1 1	•••••••
11. Industry or business Mone	Due Total formation of the formation of	••••••
		*************
12. Name Red Lewis Friend  13. Birthplace Friendsville md	Other conditions I have no Tseen case	••••••••
	(Include pregnancy within 3 months of death)	
E 14. Maiden name Mildred Jean Thomas	Major findings of operations	
\$ 15. Birthplace White Rock My	Date of op.	
16. Informant Mrs Bliss Friend	Autonsy results	
00# ( 11/	PHYSICIAN: Please underline the cause to which death should be charged state	
	22. VIOLENCE: If doath was due to external causes, fill in the following;	
(Burial, cremetion, or removal. Which?)  Dato thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory 13/00ming Ruse	Where did injury occur?	
Near I' 1 -1 b		state)
Location	Injured at homo, farm, Industry, public place (where?)	
18. Funoral director W. W. Davage	Means of injury Injured at work?	
Address Triendsville Mol	milt. Johler	
4-5 46 040 000	23. SIGNATURE M. D. 92-0	ther
(Date rec'd by registrar)  (Date rec'd by registrar)  Registra	Address Friendsville ind. Dato signed of	1 U/9

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PERSON NO REPARENT OF THE PERSON OF THE PERS

CHIEFLEY THE COLUMN

OHA COLOMON SHOW

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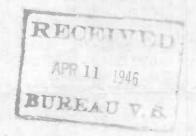
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0

# CERTIFICATE OF DEATH

U382461 Reg. Dist. No.

County Galbana and Ma					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Garrett			
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:			mits, write R	JRAL NEAR and give town)	City or town Selbysport. Md. Ward No. (1f outside city or town limits, write RURAL NEAR and give town)			
Stay in hospita Stay in this co	i or Inst. (y ommunity (y	rs., or mos., or day	ys) 7 3	rs	(If rural give LOCATION)  2(a) IF VETERAN, NAME WAR NO.			
3. (a) FUL	L NAME	Hira	am Gue	rd.	3. (b) Social Security None	Number		
4. Sex		5. Color or race		ie, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH A Pril - 7- 19 46	D, at 9 Pm		
6 (b) Name of			6(c) If all	ve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decea ———————————————————————————————————	1946,		
deceased (r	no., day, yr.)			28th-1858.	Immediate cause of death	OURATION		
8. AGE:	Years 87	Months 4	Oays 9	If less than one day	Wremis Coma	72 hrs		
9. Birthplace.  10. Usual occ  11. Industry o	upation r business J E	Farmer remiah	county, and		Ove to Other conditions	Lyr		
H 14. Maide	en name	Ophoel:	ia Tin t., Co,	mens. Maryland.	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy	PHYSICIAN Please underline the cause to which death should be charged statisti- cally.		
17. Bi (Burlai, c) Cemetery of	rial remation, or crematory.	r removal. Which Addison Addison	oate then n Ceme			(State)		

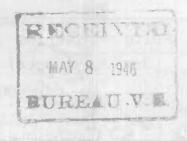


# CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

U3825
Reg. Dist. No. / 7 2

1. PLACE OF DEATH: Garrett County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  Maryland  State  County  County
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 24yrs.  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	City or town Shallmar (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Howard Edward Lyons	3.(b) Social Security Number 216-01-4884
4. Sax Male White   6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20, DATE OF DEATH  20, DATE OF DEATH  20, DATE OF DEATH
5.(b) Name of husband or wife Anna May(Boyce) Lyons  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: that I eltended deceased from the date above stated: the date above stated in the
8. AGE: Years 62 6 0 Lit less than one day 6 0	Immediate cause of death OURATION OURATION
9. Birthplace Barton, Alleg Co., Md.  10. Usual occupation Miner  11. Industry or business Coal Mines	Due to.
12. Name Lyons 13. Birthplace	Diher conditions
Jane Ward  14. Malden name	Major findings of operations
16. Informani Melvin Lyons Shallmar, Md.	Autopsy results
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Elk Garden, W.Va.	22. VIOLENCE: If death was due(i) external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Otha F. Sharpless Address Blaine, W.Va.	Means of injury  13. SIONATURE  1. Daniel M. D. orbother  M. D. orbother
19	De Cland the 416/46



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 835

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1 3		1		6
Reg. Di	at No		0	

### CERTIFICATE OF DEATH

OERT II TOPA	Reg. Diat. No.
1. PLACE OF DEATH: County Garrett County Mt. Lake Park City or town. (If outside city or tawn limits, write RURAL and give nearest town) How long in above place of death? 52 yrs. Hospital, instilution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland. Garrett  Outly or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME William Henry Smith	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION April 17, \$6 1:00P.
6.(6) Name of husband or wife Carrie A. Smith 65  7. Birth date of deceased (mo., day, yr.) May 15, 1872	21. I CERTIFY that death occurred on the date above slated; that I atlended deceased from  19. 46.  and that I last saw h in alive on April 19. 46.
8. AGE: Years Months Days If less than one day 73 11 2hrsmin.	Immediate cause of death
9. Sirthplace	Due to Magnetanian Oue to Magnetanian Strole  Diher conditions Pre aristing Strole  Austin 4 m.
Nancy Hoop  14. Malden name. Unknown  Unknown	(Include pregnancy whim 3 months of death)  Major findings of operations.  Date of op.
Mrs. Henry Smith  Address Mt. Lake Park, Md.	Autopsy results
Burial  (Burial, cremation, or removel, Which?)  Ferndale  Cemetery or crematory  Location  18. Funeral director  Address  Oakland, Md.  19. ### April 20, 1946  (month) (day) (year)  Cemetery  Cemetery  Address  Oakland, Md.  19. ####################################	Accident, suicide, or homicide

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WRITE

PLEASE

CERTIFICATE OF DEVIA

MAY 3 1945
BUREAU V 3

# **CERTIF**

N. Charles St., Baltimore 98	300	0.87	/	/
ICATE OF DEATH	× 038	23./	6	6

				***************************************
1. PLACE OF DEA	ATH: rett		2. USUAL RESIDENCE (HOME) OF I	ther)
() e	M boolst	aryland.	State Maryland County	Garrett
Offe	utside city or town lin	nits, write RURAL and give nearest town)		
How long in above place	of death?	Life Time	(If outside city or town limits, w	CV 2 2nd write RURAL and give nearest town)
Hospital, institution, or	street address where d	eath occurred:	Street No.	
			(If rural, give LC	
How long in hospital or	Institution?		2.(a) If veteran, name war	
3. (a) FULL NAME	E			3. (b) Social Security Number
		Victoria Stobi		
4. Sex	5. Color or race	Yutzy Stahl.    6.(a)Single, married, widowed, or divorced	MEDICAL CER	none TIEICATION D. M.
Female	White	Married.	20. DATE OF DEATH April 19t	h ,46 ,6:00
0 (1) 11 (1)	Floyd	C. Stahl.	21. I CERTIFY that death occurred on the date above	stated; that attended deceased from
			Jan 3 1940	10 19 19 19 19 1
7. Birth date of			and that I last saw h alive on	
deceased (mo., day, y	m) May 2	9th 1881	Immediate cause of death	
8. AGE: Years	Months	Days If less than one day	An Severine (b)	V
64	11	10hrsmin		C
S	unnveide			***************************************
9. Birthplace	(Town,	Maryland.	. Due to	••••••
10. Usual occupation. House wife.			***************************************	
			Due to	•••••••••
11. Industry or busines:	nas Yutz	Y.		***************************************
12. NameJC		***************************************	Other conditions	*,
		de, Maryland.	(Include pregnancy within 3 more	nths of death)
H 14. Maiden name	Mary K	nauer.		
5	Boltimo	bee breek or	Major findings of operations	
1 15. Birinplace	Dal (III)	nauer. re, Maryland.		
16. Informant I	Loya C.	Stahl.	PHYSICIAN: Please underline the cause to which	h doub should be changed etablished
Address	Oakland	. Maryland.		
D.,	1 - 7	A 27 001	22. VIOLENCE: If death was due to external causes	
(Burial, cremation	or removal, Which?)	Dale thereof April 22d, / (month) (day) (year)	Accident, suicide, or homicide	Dale of
Comptery or cremate	Oakla	nd Cemetery.	Where did Injury occur?(City or town)	(County) (State)
Oa	kland, M		Injured at home, farm, Industry, public place (wher	
Location	-212621029 201	ary rand.	•	injured at work?
18. Funeral director4	Tursa	1 Dy Bolder	Meens of Injury	Injured at works
Address /	Laklo	ead, Md.	23. SIGNATURE & D Bauma	mer he d
4/211	1946	Julia (1 Howan		M. D. or other
(Date rec'd by re	gistrar)	Registra	Address Oal Caue 1	Date signed 1/2924.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

RECEIVED

APR 23 1946

BUREAU V 3

## CERTIFICATE OF DEATH

	038287	/	/
4	Reg. Dist. No.	6	6

1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Crellin, Maryland.  (If outside city or town limits, write RURAL and give nearest How long in above place of death?  50 Years  Hospilal, Institution, or street address where death occurred:	
How long in hospital or institution?	2.(a) If veteran, name war
Joseph David Uphold.	3. (b) Social Security Number  None.
Joseph David Uphold.  4. Sex 5. Color or race 6.(a) Single. married, widowed, or divor	MEDICAL CERTIFICATION
male   White   Married.	20. DATE OF DEATH April 9th 1946 , at 12: 30
6.(b) Name of husband or wife Mary Ellen Uphold.  6.(c) If alive, give age 74  7. 8 irth dale of deceased (mo., day, yr.)  7. June 1st. 1862.	and that I last saw h. Alon. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate carse of death DURATION DURATION DURATION
9. Sirthplace West Virginia. (Town, county, and state)  10. Usual occupation. Retired Laborer  11. Industry or business	Due to Aring  Due to Coffichilproles
12. Name David Uphold. 13. Sirthplace Selbysport, Maryland.	Diher conditions allers Scleracio
E 14. Maiden name Sarah Thomas	(Include pregnancy within 3 months of death)  Major findings of operations.
2 15. 8 orthspiace Selbysport, Maryland.	Date of op.
16. Informant Mrs. Homer Shaffer.  Address Crellin, Maryland.	Aatopsy results
17 Burial (Burial, cremation, or removal, Which?)  Date thereof April 11: (month) (day)	
Cemetery or crematory Terra Alta Cemetery.	Where did injury occur? (City or town) (County) (State)
Location Terra Alta, West Va.  18. Funeral director English De 10064  Address & Claude M. C.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. 4/ 10/ 19. 4 b Julio Q A (D)	23, SIGNATURE THEOREM 2 M. D. or other Registrar Address Oakland. The Bate signed 10 after Ho

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BUREAU V 8